

Patricia A. Ambrose

Deposition

May 10, 2005

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1 UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF ALASKA
3

4 KIMBERLY ALLEN, Personal
Representative of the ESTATE
5 OF TODD ALLEN, Individually,
on Behalf of the ESTATE OF
6 TODD ALLEN, and on Behalf of
the Minor Child PRESLEY
7 GRACE ALLEN,
8 Plaintiffs,
9 vs.
10 UNITED STATES OF AMERICA,
11 Defendant.

12 Case No. A04-0131 (JKS)
13
14

15 VIDEOTAPED DEPOSITION OF PATRICIA A. AMBROSE
16 Pages 1 - 93, inclusive
17 Tuesday, May 10, 2005, 9:03 a.m.
18 Anchorage, Alaska
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25

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1 that you were talking about with me earlier, the
2 acuity levels?
3 A. That we had at that time, yes.
4 Q. Okay. And you -- so you have seen these
5 levels before. And are these the levels that -- at
6 least this is your understanding, working as a triage
7 nurse at ANMC, that these are the levels that -- the
8 acuity levels --
9 A. Yes.
10 Q. -- that you're kind of employing as a triage
11 nurse?
12 A. Yes.
13 Q. Okay. And then on -- there's 899, 900, 901,
14 902, 903. Those are examples of triage acuity levels.
15 And then -- have you seen those before?
16 A. Yes.
17 Q. Okay. And you're familiar with those. Is
18 that correct?
19 A. Yes.
20 Q. And is -- do you -- is this something -- I
21 don't know whether or not this is a policy that you
22 generally could look at, if you have it physically
23 with you at the ER, or is this just something you know
24 because of your experience and work?
25 A. It's in the triage room.

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1 Q. It's in the triage room?
2 A. Yes.
3 Q. How often do you refer to it?
4 A. Not that often when you know it.
5 Q. Okay. That -- and that was what I was
6 curious about. So you feel like you know this, and
7 it's not something you have to look at, you know,
8 every day. Is that correct?
9 A. Yes.
10 Q. Okay. So how often would you -- or -- or do
11 you ever have occasion to -- to look at these acuity
12 levels?
13 A. No.
14 Q. So do you feel like back in April of 2003
15 that you would have the same answer: That you know
16 these acuity levels, that this isn't something that
17 you would have to -- to re-refer to?
18 A. Yes.
19 Q. And this is the -- that's been marked --
20 already been marked as Exhibit No. 8. I'm sorry. And
21 that's the emergency visit record. This is a record
22 that you reviewed recently. Is that correct?
23 A. Yes.
24 Q. Okay. And again, any other records that you
25 have looked at before coming here for your deposition?

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1 A. No.
2 Q. Okay. If you could tell me what -- on the
3 emergency visit record -- and this, again, is
4 Exhibit 8. If you could tell me what -- what's your
5 handwriting.
6 A. Right there where it says, "0710 - ears and
7 head are hurting - up all night. Pain level ten.
8 Sitting with ease."
9 Q. Okay. And then anything else that you have
10 written down?
11 A. Vital signs 977 orally. 58 pulse. 20
12 respiration. 128 over 71, blood pressure, and pain
13 contract.
14 Q. Okay. Anything --
15 A. Allergic to aspirin.
16 Q. I'm sorry. I didn't mean to cut you off.
17 Allergies. Okay. So under "Allergies," you wrote
18 ASA?
19 A. Aspirin.
20 Q. Aspirin, okay. And then this question, pcn,
21 what is that?
22 A. Penicillin.
23 Q. Okay. And is that your handwriting?
24 A. No.
25 Q. All right. Any other handwriting that's

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1 yours on the page?
2 A. Nope.
3 Q. Okay. At the top -- well, did you -- are
4 you the one that circled the triage level?
5 A. Yes.
6 Q. All right. And you -- you circled a four.
7 Is that correct?
8 A. Yes.
9 Q. Now it says, at the top, "Clinic: 80, 30,
10 51." What is that?
11 A. 80 is UCC, 30 is ER, and I think 51 is
12 telephone.
13 Q. Telephone being --
14 A. Calls from the villages.
15 Q. Okay. And then did you circle the 80 or did
16 someone else do that?
17 A. I circled the 80.
18 Q. All right. Who writes down the arrival time
19 in the triage room - I mean in the room number?
20 A. Clerk writes the arrival time. And I don't.
21 Nurse, I guess, writes the room number.
22 Q. Okay. Going back to that day, do you
23 remember back in 2003 what kind of shift you were
24 working in April of 2003?
25 A. 6:00 to 6:00.

13 (Pages 46 to 49)

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1 you?
 2 A. Yes.
 3 Q. And then it also says that he was up all
 4 night. Is that information that he gave you?
 5 A. Yes.
 6 Q. And then P equals ten. Is that the pain
 7 level?
 8 A. Yes.
 9 Q. All right. So -- and then it says "sitting
 10 with ease." What -- what does that mean?
 11 A. He was sitting.
 12 Q. Okay. You wrote down "pain contract."
 13 Where did you get that information?
 14 A. From Todd.
 15 Q. Okay. And what do you remember him saying
 16 about that?
 17 A. That he was on a pain contract.
 18 Q. Anything else?
 19 A. No.
 20 Q. Did -- was -- is -- he reports a pain level
 21 of ten. Did you decide that he didn't have a pain
 22 level of ten, or did you think he had a pain level of
 23 ten?
 24 A. By the way he was sitting, no, he didn't
 25 look to be in a ten.

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1 Q. Okay. Well, was he giggling when he was
 2 there?
 3 A. No.
 4 Q. Okay. What -- what was he doing?
 5 A. Sitting there.
 6 Q. Okay. And so -- so you -- so you kind of
 7 determined that you didn't think he had a pain level
 8 of ten. Is that correct?
 9 A. Yes.
 10 Q. Okay. And what did you think his pain level
 11 was?
 12 A. I can't base pain on someone.
 13 Q. Okay. Well, you triaged this patient to the
 14 urgent care center. Is that correct?
 15 A. Yes.
 16 Q. And you gave him a triage level of four. Is
 17 that right?
 18 A. Yes.
 19 Q. And why did you do that?
 20 A. Because he didn't look severe enough to go
 21 to the other side.
 22 Q. Okay. And so if he went to the UCC, he was
 23 going to be seen by either an ANP or a PA. Is that
 24 correct?
 25 A. Yes.

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1 Q. He wasn't going to be seen by a physician.
 2 Is that right?
 3 A. Yes.
 4 Q. And what is the -- what's the Level 4
 5 triage, generally? Like what does that mean if
 6 they're at a Level 4, as opposed to 1, 2, or 3?
 7 A. That he can be seen on the UCC side.
 8 Q. What else does it mean, in terms of how long
 9 they can wait or whether or not they really need
 10 urgent care?
 11 A. It doesn't.
 12 Q. It doesn't?
 13 A. It means you just put them in the front of
 14 the rack.
 15 Q. When we were talking about the five acuity
 16 levels, it sounded like, you know, patients who are
 17 one, they got to be seen now; two, almost as soon they
 18 need to be seen; three, they can wait a little bit;
 19 four, they can wait. Is that correct?
 20 A. Yes.
 21 Q. So in your determination, this is a
 22 patient -- didn't need to be seen emergently. He
 23 could just -- he could wait. Is that correct?
 24 A. Yes.
 25 Q. Who else was on shift with you that day?

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1 A. I don't recall.
 2 Q. Do you remember how busy it was that
 3 morning?
 4 A. No.
 5 Q. All right. Who was the -- did you have like
 6 a shift coordinator or someone who was kind of
 7 supervising that day?
 8 A. Me.
 9 Q. You were supervising?
 10 A. I must have been, because I was the triage
 11 nurse.
 12 Q. Okay. So the triage nurse generally
 13 supervises in -- in what way?
 14 A. Charge nurse.
 15 Q. So is the triage nurse the same as a charge
 16 nurse or --
 17 A. From 6:00 to 9:00, the triage nurse is the
 18 charge nurse.
 19 Q. Okay. So is it -- I'm just curious then.
 20 What's -- what's that like from 6:00 to 9:00? What
 21 are you doing --
 22 A. Some days, it's slow. Some days, it's busy.
 23 Q. Aside from triaging patients, what are you
 24 doing as the charge nurse?
 25 A. Stocking, checking oxygen tanks, taking care

15 (Pages 54 to 57)

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